

## DISABILITY CERTIFICATE

RE: Sherif Kadosy  
PATIENT'S NAME

DOL: 7/1/08  
DATE OF ACCIDENT

I have examined and/or treated the above-named patient for injuries sustained in the above auto accident. As a result of the injuries received in this auto accident, I HAVE DISABLED AND/OR RESTRICTED THE PATIENT FOR THOSE ACTIVITIES THAT ARE MARKED BELOW.

WORK/EMPLOYMENT DISABILITY: The patient has been on work disability from 10/2/08 through Indefinitely  
Date Present or future date

ATTENDANT CARE: The patient needs help taking care of their own personal needs, including, but not limited to dressing, grooming, medication dispensing, ambulating, bathing, toiletry and general hygiene, to supervision and observation. It is my opinion that the patient required these services from \_\_\_\_\_ through \_\_\_\_\_  
Date

\_\_\_\_\_ for \_\_\_\_\_ hours per day, \_\_\_\_\_ days a week due to the injuries sustained in MVA.  
Present or future date Hours per day Days per week

REPLACEMENT SERVICES/ HOUSE WORK: Household chores and/or outdoor chores that involve bending, lifting, twisting, prolonged standing or any other activity that may affect the patients medical condition(s). It is my opinion that the patient needs help with household chores, as a result of his injuries sustained in the MVA, from 10/7/08 through Indefinitely  
Date Present or future date

TRANSPORTATION SERVICES: The patient is unable to drive and requires transportation service from \_\_\_\_\_ through \_\_\_\_\_  
Date Present or future date

Date: 4/17/09  
updyke  
4/14/09

DOCTOR'S SIGNATURE

Jeffrey Zipp  
PRINTED DOCTOR'S NAME

Joseph Neustein, MD  
Orthopaedic Center of Boynton Beach PA  
2623 S Seacrest BLVD  
Suite 118  
Boynton Beach, FL 33435  
561-244-7100 phone  
561-244-7109 fax

12/11/2008


Re. Sherif Kudsy

Work/School Statement

Please be advised that Sherif Kudsy is being treated for an orthopaedic problem 2ndary to a motor vehicle accident that occurred on July 1, 2008 and will be unable to attend work from 7/1/2008.

Very truly yours,

Electronically Signed By



Joseph Neustein MD  
(12/11/2008 3:52 PM)

Joseph Neustein, MD

CARL SALVATI, MD, FACP  
13455 MILITARY TR SUITE A  
DELRAY BEACH FL 33484-1323

Page: 1

Telephone: (954)426-1186 Federal EIN: 65-0146603

Provider# K0772

SHERIF KODSY  
15964 LAUREL OAK CIR  
DELRAY BEACH FL 33484

Patient Account No: 04238

Statement - Sept 15, 2009

From	To	Qty	Services Rendered	Diag	Amount	Balance
09/25/08		1	Patient: SHERIF KODSY 04238			
12/17/08		1	99245 CONSULTATION/INITIAL HI-	7840	450.00	
01/06/09			DENIED - COVERAGE EXHAUSTED			
10/01/08			PAYMENT - PATIENT CHECK		105.89-	344.11
12/10/08		1	95816 EEG (ELECTROENCEPHALOGRA	7840	225.00	
12/10/08			PAYMENT - INSURANCE		180.00-	
11/07/08			ADJ - INSURANCE		45.00-	0.00
12/17/08		1	99215 OFFICE VISIT, HI-COMP	7840	200.00	
01/06/09			DENIED - COVERAGE EXHAUSTED			
11/26/08			PAYMENT - PATIENT CHECK		47.06-	152.94
12/17/08		1	99215 OFFICE VISIT, HI-COMP	7234	200.00	
01/06/09			DENIED - COVERAGE EXHAUSTED			
01/29/09			PAYMENT - PATIENT CHECK		47.05-	152.95
		1	99215 OFFICE VISIT, HI-COMP	7234	200.00	200.00

0-30	31-60	61-90	91-120	Over120	Account Balance:	850.00
				850.00	Due From Patient:	850.00

## Chest Pain - Nonspecific

Your exam and tests have not identified a specific cause for your chest pain. This type of pain, however, is not usually due to serious heart or lung problems. **Most often chest pain of this nature is caused by minor injuries, muscle strains, coughing, irritation of the chest wall tissues, or indigestion.** Alcohol, recreational drugs, and emotional upsets can also make this kind of pain worse. Additional lab tests or other studies such as x-rays, an electrocardiogram, stress testing, or cardiac imaging may be needed to determine the cause of your pain if it does not get better.

Most of the time nonspecific chest pain will be much improved within 2-3 days of rest and mild pain medicine. For the next few days avoid physical exertion or any activity that brings on the pain. Do not smoke or drink alcohol until all your symptoms are gone. Smoking cessation is the most important measure you can take to reduce your risk for heart and lung disease. Call your caregiver for routine follow-up as advised.

### SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Ø Increased chest pain, or pain that radiates to the arm, neck, jaw, back, or abdomen.
- Ø Shortness of breath, increasing cough, or coughing up blood.
- Ø Severe back or abdominal pain, nausea, or vomiting.
- Ø Severe weakness, fainting, fever, or chills.

Document Released: 12/18/2006

ExitCare® Patient Information ©2008 ExitCare, LLC.

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## REFERRAL(S)

You are being referred to the following physician(s)

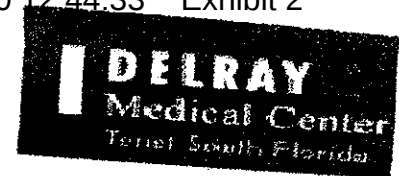
**Hanna-Awad, Amal, MD (Internal Medicine, Gen. Med)**  
9710 North Federal Hwy  
Light House Point, FL 33064  
561-827-3288

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## WHEN TO FOLLOW-UP

Follow up with Hanna-Awad, Amal, MD in 2-3 DAYS. If symptoms worsen, return to the Emergency Department.

**Delray Medical Center**  
 Emergency Department  
**Order Results**



History: (Nothing Entered)

Test	Value	Range	Abnormal	Units	Status	Updated
CBC w/ Diff SPEC'M 02/05/10 04:49						
WHITE BLOOD CELL COUNT	8.2	5.0-10.0		x 10x3	F	02/05 04:55
RED BLOOD CELL COUNT	4.51	4.70-6.10	Below low normal	x 10x6	F	02/05 04:55
HEMOGLOBIN	14.4	14.0-18.0		g/dL	F	02/05 04:55
HEMATOCRIT	41.9	42.0-52.0	Below low normal	%	F	02/05 04:55
MEAN CORPUSCULAR VOLUME	92.8	81.0-98.0		fL	F	02/05 04:55
MEAN CORPUSCULAR HGB	32.0	27.0-31.0	Above high normal	pg	F	02/05 04:55
MEAN CORPUSCULAR HGB CONCENTRN	34.5	33.4-35.5		%	F	02/05 04:55
PLATELET COUNT	249	150-450		x 10x3	F	02/05 04:55
MEAN PLATELET VOLUME	8.9	7.4-10.4		fL	F	02/05 04:55
RED CELL DISTRIBUTION " WIDTH	13.2	11.5-14.5		%	F	02/05 04:55
LYMPHOCYTE % AUTOMATED COUNT	30.3	10.0-50.0		%	F	02/05 04:55
MONOCYTE % AUTOMATED COUNT	6.6	1.0-8.0		%	F	02/05 04:55
GRANULOCYTE % AUTOMATED COUNT	59.9	40.0-80.0		%	F	02/05 04:55
EOSINOPHIL % AUTOMATED COUNT	2.8	0.0-5.0		%	F	02/05 04:55
BASOPHIL % AUTOMATED	0.4	0.0-1.0		%	F	02/05 04:55

COUNT						
LYMPH ABSOLUTE	2.5	1.0-5.0		/cmm	F	02/05 04:55
MONOCYTE ABSOLUTE	0.5	0.2-1.0		/cmm	F	02/05 04:55
GRANULOCYTE ABSOLUTE	4.9	1.0-7.5		/cmm	F	02/05 04:55
EOSINOPHIL ABSOLUTE	0.2	0.0-0.7		/cmm	F	02/05 04:55
BASOPHIL ABSOLUTE	0.0	0.0-0.2		/cmm	F	02/05 04:55
<b>BMP</b>						
<b>SPEC'M 02/05/10 04:49</b>						
GLUCOSE (SERUM)	105	74-118		mg/dL	F	02/05 05:12
BLOOD UREA NITROGEN	18	8-26		mg/dL	F	02/05 05:12
CREATININE, SERUM	0.9	0.6-1.2		mg/dL	F	02/05 05:12
SODIUM SERUM	138	135-145		MMOL/L	F	02/05 05:12
POTASSIUM SERUM	3.7	3.5-5.1		MMOL/L	F	02/05 05:12
CHLORIDE SERUM	103	98-111		MMOL/L	F	02/05 05:12
CO2 VENOUS	27	22-32		MMOL/L	F	02/05 05:12
CALCIUM	9.0	8.7-10.3		mg/dL	F	02/05 05:12
ANION GAP CALCULATION	8	5-15		mEQ/L	F	02/05 05:12
BUN/CREATININE RATIO	20	10-20		RATIO	F	02/05 05:12
OSMOLALITY CALCULATION	278	275-305		mOs/KG	F	02/05 05:12
<b>CKMB With Total Cpk</b>						
<b>SPEC'M 02/05/10 04:49</b>						
CREATINE KINASE	137	49-397		IU/L	F	02/05 05:20
CPK MB FRACTION	1.3	0.6-6.3		ng/mL	F	02/05 05:20
<b>Troponin - I</b>						
<b>SPEC'M 02/05/10 04:49</b>						
TROPONIN I	<0.01	0.00-0.50		ng/mL	F	02/05 05:18
02/05 05:18	TROPONIN I - Expected Values: 0.0 - 0.10 ng/ml - Negative 0.10 - 0.50 ng/ml - Indeterminate > 0.50 ng/ml - Positive Troponin I values greater than 0.50 ng/ml may be indicative of AMI. Elevations of Troponin I may also be observed in patients experiencing other cardiac disorders such as congestive heart failure, cardiac trauma and unstable angina.					

Name: Sherif Koady

Print Time: 2/5/2010 05:24:22

MRN: 000438469  
Account#: 001857282  
Page 2 of 2

**Delray Medical Center**  
**Emergency Services**  
5352 Linton Blvd.  
Delray Beach, FL 33484  
561-495-3115

**DISCHARGE INSTRUCTIONS FOR:**  
**FOR TODAY'S VISIT ON:**

**Sherif Kodsy**  
**Saturday 8/22/2009**

Thank you for using Delray Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

**MEDICATIONS:**

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by KAPLAN, PETER, MD with the diagnosis of Bronchitis Acute.

Thanks again for using Delray Medical Center for your treatment today. The discharge instructions for today's visit are outlined below.

- 
- Acute Bronchitis-EI
  - Albuterol Inhaler 1 (one) Unit 1-2 puffs four times a day as needed for shortness of breath
  - Zithromax (Z-pak) 1 (one) Dose Pak Take as directed
- Tackey, Frederick, MD (Pulmonary Med, Gen. Med)
- Prvt MD 2-3 days

**Special Notes:**

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I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any). I acknowledge that failure to follow-up with the above doctors as directed will release the emergency department physicians of any responsibility for any adverse outcome or worsening of my condition. I also understand that my signature authorizes Delray Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS/HIV testing, mental health records, and drug/alcohol treatment) to the referred physician(s) listed above.

Sherif Kodsy

ED Physician or Nurse

Date \_\_\_\_\_

**Delray Medical Center**  
**Emergency Services**  
5352 Linton Blvd.  
Delray Beach, FL 33484  
561-495-3115

**DISCHARGE INSTRUCTIONS FOR:**  
**FOR TODAY'S VISIT ON:**

**Sheriff Kodsy**  
**Friday 2/05/2010**

Thank you for using Delray Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. (Make sure we have your local phone number.)

**MEDICATIONS:**

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by PORTER, JAMES, MD with the diagnosis of Atypical Chest Pain.

Thanks again for using Delray Medical Center for your treatment today. The discharge instructions for today's visit are outlined below.

- 
- Chest Pain - Nonspecific-EI
  - Hanna-Awad, Amal, MD (Internal Medicine, Gen. Med)
  - Selected Referral MD 2-3 Days

**Special Notes:**

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I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any). I acknowledge that failure to follow-up with the above doctors as directed will release the emergency department physicians of any responsibility for any adverse outcome or worsening of my condition. I also understand that my signature authorizes Delray Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS/HIV testing, mental health records, and drug/alcohol treatment) to the referred physician(s) listed above.

\_\_\_\_\_  
Sheriff Kodsy

\_\_\_\_\_  
ED Physician or Nurse

Date \_\_\_\_\_

MRN # 000438460

ACCOUNT # 001857282



**Delray Medical Center**  
**Emergency Services**  
5352 Linton Blvd.  
Delray Beach, FL 33484  
561-495-3115

**DISCHARGE INSTRUCTIONS FOR:**  
**FOR TODAY'S VISIT ON:**

**Sherif Kody**  
**Saturday 2/06/2010**

Thank you for using Delray Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. (Make sure we have your local phone number.)

**MEDICATIONS:**

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by STURM, DAVID, MD with the diagnosis of Umbilical Hernia - reduced, Hypertension.

Thanks again for using Delray Medical Center for your treatment today. The discharge instructions for today's visit are outlined below.

- 
- Hernia-EI
  - Hypertension (High Blood Pressure)-EI
  - Hypertension Information
  - Umbilical Hernia-EI
- Breslaw, Ralph, MD (General Surg, Central Line)  
Gorokhovskiy, Diana, DO (Gen. Med)  
- Selected Referral MD 2-3 Days

**Special Notes:**

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I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any). I acknowledge that failure to follow-up with the above doctors as directed will release the emergency department physicians of any responsibility for any adverse outcome or worsening of my condition. I also understand that my signature authorizes Delray Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS/HIV testing, mental health records, and drug/alcohol treatment) to the referred physician(s) listed above.

Sherif Kody

2/6/10

ED Physician or Nurse

DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

KODSH000

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

Patient: SHERIF KODSY				Previous Balance: 0.00			
Case: DOA 7/01/2008				Chart Number: KODSH000			
				Date of Last Payment: 01/06/2009			
				Amount: 0.00			
Dates	Procedure	Charge	Paid by Primary	Applied to Deductible	Paid By Guarantor	Adjustments	Remainder
07/14/08	99213	175.00	0.00				175.00
Note: APPLIED TO PIP DEDUCTIBLE							
07/11/08	99214	200.00	-147.02				52.98
Note:							
07/09/08	99205	500.00	0.00				500.00
Note: Applied to PIP deductible							
07/22/08	99215	250.00	-199.42				50.58
Note: Applied to PIP deductible							
08/12/08	95934	250.00	-200.00				50.00
Note:							
08/12/08	95903	700.00	-502.39				197.61
Note:							
08/12/08	95904	500.00	-400.00				100.00
Note:							
08/12/08	95861	500.00	-192.05				-259.94
Note:							
08/01/08	99215	250.00	-199.42				50.58
Note:							
03/22/08	99214	200.00	-147.01				52.99
Note:							
01/03/08	99214	200.00	-147.01				52.99
Note:							
01/02/08	55555	24.00	0.00				24.00
Note:							
01/16/08	97001	150.00	-114.38				35.62
Note:							

Amount Due

Continued

16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

Pg 1 of 2 Sent Date

01/11/2009

<b>Make Checks Payable To:</b>
Center for NeuroScience, PL
16244 South Military Trail
Suite 150
DELRAY BEACH, FL 33484
(561)638-8872

09/16/08	97110	90.00	-44.51	
Note:				45.49
09/16/08	97012	60.00	-23.17	
Note:				36.83
09/16/08	97530	65.00	-46.39	
Note:				18.61

Patient: SHERIF KODSY			Chart Number: KODSH000					
Case: M/T DOA 7/01/2008			Date of Last Payment: 01/06/2009					
			Amount: 0.00					
Dates	Procedure	Charge	Paid by Primary	Paid by Secondary	Applied to Deductible	Paid By Guarantor	Adjustments	Remainder
07/09/08	97010	45.00	0.00	0.00				
Note: APPLIED TO PIP DEDUCTIBLE								45.00
07/09/08	97032	60.00	0.00	0.00				
Note:								60.00
07/09/08	97035	55.00	0.00	0.00				
Note: Applied to PIP deductible								55.00
07/09/08	97112	60.00	0.00	0.00				
Note:								60.00
07/09/08	97140	110.00	0.00	0.00				
Note:								110.00
07/09/08	97535	90.00	0.00	0.00				
Note:								90.00
07/09/08	99205	500.00	0.00	0.00				
Note:								500.00
07/11/08	97010	45.00	0.00	0.00				
Note:								45.00
07/11/08	97032	60.00	0.00	0.00				
Note:								60.00
07/11/08	97035	55.00	0.00	0.00				
Note:								55.00

2 20

Amount Due
Continued

DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

07/11/08	97112	60.00	0.00	0.00	
Note:					60.00
07/11/08	97140	110.00	0.00	0.00	
Note:					110.00
07/14/08	97010	45.00	-8.00	0.00	
Note:					37.00
07/14/08	97032	60.00	-25.61	0.00	
Note:					34.39
07/14/08	97035	55.00	-18.54	0.00	
Note:					36.46
07/14/08	97112	60.00	-45.76	0.00	
Note:					14.24
07/14/08	97140	110.00	-81.76	0.00	
Note:					28.24
07/16/08	97010	45.00	-8.00	0.00	
Note:					37.00
07/16/08	97032	60.00	-25.61	0.00	
Note:					34.39
07/16/08	97035	55.00	-18.54	0.00	
Note:					36.46
07/16/08	97112	60.00	-45.76	0.00	
Note:					14.24
07/16/08	97140	110.00	-81.78	0.00	
Note:					28.22
07/22/08	97010	45.00	0.00	0.00	
Note: APPLIED TO DEDUCTIBLE					45.00
07/22/08	97032	60.00	0.00	0.00	
Note:					60.00
07/22/08	97035	55.00	0.00	0.00	
Note:					55.00

Amount Due

Continued

3

21

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

Make Checks Payable To:  
Center for NeuroScience, PL  
16244 South Military Trail  
Suite 150  
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(561)638-8872

07/22/08	97112	60.00	0.00	0.00	
Note:					60.00
07/22/08	97140	110.00	0.00	0.00	
Note:					110.00
07/28/08	97010	45.00	-8.00	0.00	
Note:					37.00
07/28/08	97032	60.00	-25.76	0.00	
Note:					34.24
07/28/08	97035	55.00	-13.11	0.00	
Note:					-32.65
07/28/08	97112	60.00	0.00	0.00	
Note:					41.89
07/28/08	97140	110.00	0.00	0.00	
Note:					-48.00
07/28/08	97039	60.00	0.00	0.00	
Note:					-81.76
08/01/08	97010	45.00	-8.00	0.00	
Note:					-18.61
08/01/08	97032	60.00	-25.62	0.00	
Note:					110.00
08/01/08	97035	55.00	-18.54	0.00	
Note:					60.00
08/01/08	97112	60.00	-45.76	0.00	
Note:					-81.76
08/01/08	97140	110.00	-81.76	0.00	
Note:					0.00
8/01/08	97039	60.00	-12.00	0.00	
Note:					37.00
3/06/08	97010	45.00	-8.00	0.00	
Note:					

Amount Due

Continued

DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

Date	Check Number	Page
01/10/08	50026	1

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

08/06/08	97032	60.00	-25.62	0.00	
Note:					34.38
08/06/08	97035	55.00	-18.54	0.00	
Note:					36.46
08/06/08	97112	60.00	-45.76	0.00	
Note:					14.24
08/06/08	97140	110.00	-81.76	0.00	
Note:					28.24
08/06/08	97039	60.00	-12.00	0.00	
Note:					48.00
08/08/08	97010	45.00	-8.00	0.00	
Note:					37.00
08/08/08	97032	60.00	-25.62	0.00	
Note:					34.38
08/08/08	97035	55.00	-18.54	0.00	
Note:					36.46
08/08/08	97112	60.00	-45.76	0.00	
Note:					14.24
08/08/08	97124	60.00	-35.39	0.00	
Note:					24.61
08/08/08	97140	55.00	-40.88	0.00	
Note:					14.12
08/08/08	97039	60.00	-12.00	0.00	
Note:					48.00
08/18/08	97032	60.00	-25.62	0.00	
Note:					34.38
08/18/08	97010	45.00	-8.00	0.00	
Note:					37.00
08/18/08	29200	150.00	-80.66	0.00	
Note:					69.34

5

23

Amount Due
Continued

DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

08/18/08	97124	60.00	-35.39	0.00	
Note:					
08/18/08	97140	55.00	-40.55	0.00	24.61
Note:					
08/18/08	97112	60.00	-45.76	0.00	14.45
Note:					
08/20/08	97032	60.00	-25.62	0.00	14.24
Note:					
08/20/08	97033	300.00	-137.78	0.00	34.38
Note:					
08/20/08	97035	55.00	-18.54	0.00	162.22
Note:					
08/20/08	97124	60.00	-35.39	0.00	36.46
Note:					
08/20/08	97140	55.00	-40.88	0.00	24.61
Note:					
08/20/08	97112	60.00	-45.76	0.00	14.12
Note:					
08/20/08	J1094	200.00	-0.92	0.00	14.24
Note:					
08/20/08	G0377	150.00	-120.00	0.00	199.08
Note:					
08/13/08	97032	60.00	0.00	0.00	30.00
Note:					
08/13/08	97010	45.00	-8.00	0.00	60.00
Note:					
08/13/08	97035	55.00	-18.54	0.00	37.00
Note:					
08/13/08	97124	60.00	-35.39	0.00	36.46
Note:					
					24.61

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24

Amount Due

Continued

DELRAY BEACH, FL 33461  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**Make Checks Payable To:**

**Center for NeuroScience, PL**

16244 South Military Trail

Suite 150

DELRAY BEACH, FL 33484

(561)638-8872

8/13/08	97112	60.00	-45.76	0.00	
Note:					
8/13/08	97140	55.00	-40.88	0.00	14.24
Note:					
8/13/08	97033	150.00	-74.46	0.00	14.12
Note:					
8/13/08	J1094	200.00	-46.36	0.00	75.54
Note:					
8/13/08	G0377	150.00	-100.00	0.00	153.64
Note:					
8/22/08	97032	60.00	-25.62	0.00	50.00
Note:					
8/22/08	97010	45.00	-8.00	0.00	34.38
Note:					
8/22/08	97039	60.00	-12.00	0.00	37.00
Note:					
8/22/08	97124	60.00	-35.39	0.00	48.00
Note:					
8/22/08	97140	55.00	-40.88	0.00	24.61
Note:					
8/22/08	97112	60.00	-45.76	0.00	14.12
Note:					
					14.24

Patient: SHERIF KODSY  
Case: P/T DOA 7/01/2008

Chart Number: KODSH000

Date of Last Payment: 01/06/2009

Amount: 0.00

Dates	Procedure	Charge	Paid by Primary	Paid by Secondary	Applied to Deductible	Paid By Guarantor	Adjustments	Remainder
9/09/08	97110	180.00	-89.02	0.00				
Note:								
11/09/08	97012	60.00	-23.17	0.00			-68.72	22.26
Note:							-31.04	5.79

Amount Due

Continued



16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

Pg 17 of 23

Check #	Check Date	Check Amount
97530	09/09/08	65.00

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

09/09/08	97530	65.00	-46.39	0.00		
Note:					-7.02	11.59
09/11/08	97001	150.00	-114.38	0.00		
Note:						35.62
09/11/08	97110	180.00	-89.02	0.00		
Note:						90.98
09/11/08	97012	60.00	-23.17	0.00		
Note:						36.83
09/11/08	97530	65.00	-46.38	0.00		
Note:						18.62
09/17/08	97110	270.00	-133.54	0.00		
Note:						136.46
09/17/08	97012	60.00	-23.17	0.00		
Note:						36.83
09/23/08	97110	270.00	-133.54	0.00		
Note:						136.46
09/23/08	97012	60.00	-23.17	0.00		
Note:						36.83
09/29/08	97001	150.00	0.00	0.00		
Note:						150.00
09/29/08	97110	270.00	-133.54	0.00		
Note:						136.46
09/29/08	97012	60.00	-23.17	0.00		
Note:						36.83
09/29/08	97530	65.00	-46.38	0.00		
Note:						18.62
09/29/08	97012	60.00	0.00	0.00		
Note:						60.00
09/24/08	97001	150.00	0.00	0.00		
Note:						150.00

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26

Amount Due
Continued

DELRAY BEACH, FL 33484  
(561)638-8872

SHERIF KODSY  
9393 LAUREL GREEN DRIVE  
BOYNTON BEACH, FL 33437

**Make Checks Payable To:**

**Center for NeuroScience, PL**  
16244 South Military Trail  
Suite 150  
DELRAY BEACH, FL 33484  
(561)638-8872

09/24/08	97110	270.00	-133.54	0.00	136.46
Note:					
09/24/08	97012	60.00	-23.17	0.00	36.83
Note:					
09/24/08	97530	65.00	-46.38	0.00	18.62
Note:					
09/24/08	97012	60.00	0.00	0.00	60.00
Note:					
09/26/08	97002	75.00	-60.00	0.00	15.00
Note:					
09/26/08	97110	270.00	-133.54	0.00	136.46
Note:					
09/26/08	97012	60.00	0.00	0.00	60.00
Note:					
09/26/08	97530	65.00	-46.36	0.00	18.64
Note:					
09/26/08	97012	60.00	0.00	0.00	60.00
Note:					
09/26/08	97001	150.00	0.00	0.00	150.00
Note:					

9 27

Amount Due
<b>7,479.79</b>

Lake Worth  
(561) 963-9881

Royal Palm Beach  
(561) 798-9411

Boca Raton  
(561) 361-1515

Palm Beach Gardens  
(561) 622-2442

Boynton Beach  
(561) 737-1927

Palm Beach Lakes  
(561) 688-5808

## Chest Pain - Atypical

Patient: SHERIF KODSY  
Phone: 561-666-0237

### ABOUT YOUR RESPONSIBILITIES

AFTER YOU LEAVE, YOU MUST PROPERLY CARE FOR YOUR PROBLEM AND OBSERVE ITS PROGRESS. IF YOU DO NOT IMPROVE AS EXPECTED, OR ARE WORSE, DO ONE OF THE FOLLOWING, IMMEDIATELY: CONTACT YOUR DOCTOR, OR SPECIALIST, OR CALL MD NOW (CONTACT NUMBERS ABOVE), OR RETURN HERE.

#### THE DOCTOR THINKS YOUR SYMPTOMS MAY BE DUE TO: Chest Pain - Atypical

Keep this in mind: DIAGNOSIS WITH 100% CERTAINTY IS NOT POSSIBLE in the Urgent Care Center.  
Therefore, if you find you are not getting better, another diagnosis is possible, and you must see your doctor, or return here.

ATYPICAL CHEST PAIN is caused by factors other than disease of the heart, most commonly strains or inflammation of the muscles and connective tissue of the chest. Although you do not appear to have immediate risk of a heart attack, many adults have silent heart disease. See your family or primary doctor to evaluate the possibility of any silent heart disease.

What To Watch For:	Return here immediately if you experience: A) worsening pain B) change in location or type of pain (such as increased tightness) C) nausea, vomiting, fever, or chills D) cough, especially if associated with fever or phlegm (sputum) production E) any other new or bothersome symptoms
What To Expect	Symptoms should gradually improve with treatment and should not occur along with shortness of breath, dizziness, vomiting, or cold sweats. You need to return immediately if these other signs occur along with your pain, or if your symptoms change or worsen.
What To Do	1. Take whatever medication has been prescribed 2. Keep exertion to a minimum during your recovery; do no heavy lifting 3. Keep an eye out for a change in your symptom pattern, and return immediately if any occurs
What Not To Do	1. DO NOT ignore chest pain which continues to be present, or worsen, despite treatment 2. DO NOT ignore new symptoms which may require further evaluation

Assessment: Chest Pain

Additional Instructions: Go directly to Delray ER

Report any changes in your condition or concerns you may have immediately to MD NOW Urgent Care Center, your Family Physician, or go to the nearest Hospital Emergency Room.

☒ Return to MD NOW Urgent Care Center for follow-up on \_\_\_\_/\_\_\_\_/\_\_\_\_, or as needed.  
☐ Referred to specialist \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ Prescription given ☒ Received discharge instructions ☒ Verbalizes understanding

If there is NO improvement, or your condition WORSENS, call your Primary Care Physician, RETURN to MD NOW Urgent Care Center, or go to the nearest Emergency Room. If you are experiencing a life-threatening emergency call 911.\*

\*Federal law defines an emergency medical condition as follows:

An "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in: Placing the health of the individual (or, with respect to a pregnant woman, the health of a woman or her unborn child) in serious jeopardy; Serious impairment to any bodily functions; Serious dysfunction of any bodily organ or part.

If you think or feel that there is an emergency, but are not sure, assume it is an emergency and DIAL 911.

### PATIENT ACKNOWLEDGMENT:

I understand the urgent medical care which I have received is not intended to be complete and definitive care and treatment. I acknowledge I have been instructed to contact my Primary Care Physician, or a Specialist, immediately for continued and complete medical care and treatment. EKG's, X-Rays, and lab studies will be reviewed by our Physicians (not a Specialist). The patient may be notified if significant discrepancies. If requested, a Specialist referral will be given.

I understand, and agree, that all of my questions concerning my prescription(s) have been answered; I will call within 48 hours for any pending results.

Signature: <u>Sherif Kody</u>	Health Care Professional Signature: <u>[Signature]</u>
<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Date: 2/4/2010

Joseph Neustein, MD  
Orthopaedic Center of Boynton Beach, PA  
2623 S Seacrest BLVD  
Suite 118  
Boynton Beach, FL 33435  
561-244-7100 phone  
561-244-7109 fax

12/11/2008

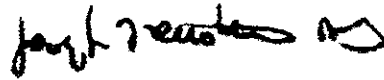
Re. Sherif Kadosy

Work/School Statement

Please be advised that Sherif Kadosy is being treated for an orthopaedic problem 2ndary to a motor vehicle accident that occurred on July 1, 2008 and will be unable to attend work from 7/1/2008.

Very truly yours,

Electronically Signed By



Joseph Neustein MD  
(12/11/2008 3:52 PM)

Joseph Neustein, MD

Paul F. Hyland, M.D., FACS

Ralph Breslaw, M.D., FACS



**Palm Coast Surgical Associates, P.A.**  
**Maryann Butler, LPN**  
**Patient Care Coordinator**

229 George Bush Blvd.  
Delray Beach, FL 33444

Phone: 561-272-1234  
Fax: 561-274-2060

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- Recurrence or Persistence: As previously mentioned, hernias can return (read above). Much less commonly, a hernia can immediately persist immediately after the repair. In other words, the repair may seem very strong at the end of the operation, but immediately fail due to poor quality tissue.
- Hematoma: This is when a small blood vessel continues to ooze or bleed after the procedure is over. The result is greater swelling and bruising. Intervention is very rarely necessary and it almost always resolves over time with compresses, much like any bad bruising or swelling. If the hematoma is unusually large (cumbersome or painful) or does not show resolution in a reasonable amount of time, a procedure to evacuate the clots may be required. Significant bleeding (or that requiring blood transfusion) is exceedingly rare even in the most difficult of herniorrhaphy procedures.
- Infection: Infection is possible in any procedure despite sterile technique. Usually, warm compresses and antibiotics are sufficient. Occasionally, an infection would require partially opening the wound to allow proper drainage. If there is an artificial graft or mesh, a severe infection could necessitate its surgical removal.
- Paresthesias: There are small nerves that exist within the spermatic cord itself as well as alongside the outside of the cord. While careful attention is paid to the preservation of these nerves, they can be inadvertently injured. When this occurs, small areas of skin (especially on the inner thigh and on the scrotal sac) can lose their sensation and feel "numb" permanently.
- Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has been traumatized. Although this is very rare, it is perhaps a bit more common with inguinal herniorrhaphy. Typically, the pain disappears over time. If persistent, further evaluation and possible treatment could be necessary.
- Vital Structure or Organ Injury: Inguinal hernias are performed in the area of the spermatic cord. This is the grouping of vital structures going to or returning from the testicle. Although very rare, any of the structures can be inadvertently injured during a difficult dissection. It may be recognized and fixed immediately, or present itself later at a time when the damage is not necessarily reversible. If the blood supply to the testicle is injured or strangulated, the testicle can atrophy (shrink) and actually become a completely non-functioning testicle on that side. In a difficult periumbilical, or other abdominal (incisional) repair, intra-abdominal organs (most commonly the small intestine) can be inadvertently damaged. Again, this can be immediately recognized or present in a delayed fashion.

Physician RALPH BRESTAN, MD Date 2/18/10 Witness Maryam Butcher Date 2/18/10  
Patient X Sheryl Rodry Date 02/18/2010

The information contained in this Medical Informed Consent form ("Consent Form") is intended solely to inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. White Oakstone endeavors to ensure the reliability of information contained in its Consent Forms, such information is subject to change as new health information becomes available. Oakstone cannot and does not guaranty the accuracy or completeness of the information contained in this Consent Form, and assumes no liability for its content or for any errors or omissions. Laws vary from state to state regarding the information that must be given to a patient for informed consent. Please be sure to check the laws regarding legal informed consent as they apply within your state. Please call your doctor or other healthcare provider if you have any questions.

09-50026-mg Doc 6496-2 Filed 08/02/10 Entered 08/03/10 12:44:33 Exhibit 2  
Pg 23 of 23

To review the basics of what we discussed in the office. The procedure can take anywhere from 30 minutes to several hours depending on an individual's anatomy, the size and location of the hernia, and whether a prior herniorrhaphy or other procedure has been performed in that area. Prior procedures may have caused scar tissue to form in that area, perhaps prolonging the current procedure.

After the incision has been made, the surgeon dissects the fascia (strong tissue) away from surrounding structures. In re-do repairs, this can sometimes be more time consuming due to scar tissue that may have formed. Once this has been done, the surgeon will sew one edge of tissue to the other. In many hernia repairs, a piece of mesh (an artificial material or screen as many call it) will be used in the repair. There are different types of mesh used today, and they all serve three basic purposes. The first is that they may have greater tensile (pulling) strength than one's weakened herniated tissue. The second is that the piece may help to bridge the gap so that the edges may come together with less tension pulling them apart. The third is that the mesh, being artificial, causes a scar reaction of the surrounding tissue to add even more strength in the area. All types are designed to remain in the body forever. After the mesh is in place, the wound is closed in different layers. Your surgeon will decide on the material used to close the skin. Sometimes sutures are used and in other instances, the skin may be closed with staples.

After the skin is closed, a sterile dressing may be applied over the incision site.

### **Post Procedure**

Most hernia repairs are done as an ambulatory procedure and so you will be sent home a few hours after. Your surgeon may have told you if your particular case possibly warranted admission to the hospital. You will be in the recovery room for a short time before being sent home. You may have discomfort over the incisions and possibly in the groin and scrotum if you had an inguinal herniorrhaphy.

If the dressing becomes soaked, or you see active blood oozing, please contact us. You may shower the day after surgery, but no baths or swimming unless otherwise instructed. Some surgeons will prefer that you take warm baths perhaps a few days after your surgery. We ask that you refrain from any strenuous activity until your follow up. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant. It is very important that you intermittently apply ice compresses to the area as instructed. We strongly encourage you to take the following day off of work and perhaps more if your occupation requires strenuous activity or heavy lifting. In the first 24 hours, it is to your advantage to minimize activity and spend a lot of time lying down. The more swelling you prevent in the first two days, the better off you are. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days. We may provide you with a prescription for pain medication but you certainly may take an over the counter medication to which you are not allergic. Other prescriptions, such as antibiotics, will depend on the preference of your surgeon and your particular circumstances. Upon your follow up in the office, we will examine you and remove any staples or sutures.

### **Expectations of Outcome**

There may be significant swelling or bruising (black and blue discoloration) at the area of incision and in the surrounding area. Recovery time varies from patient to patient and is dependent on the size, location, and complexity of the repair. The majority of hernia repairs are successful and last forever. With time, however, any hernia can recur. Recurrence is more common with: large hernia repairs, re-do repairs, in obese patients, and perhaps even in diabetics or in patients with immune disorders (or on steroids) in which tissue healing may be somewhat compromised.

### **Possible Complications of the Procedure**

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and